

ARTHROCARE CORPORATION
595 N. Pastoria Avenue
Sunnyvale, CA 94086-2916
(408) 736-0224
Customer No. 21394

Atty. Docket No. A-2-6

"Express Mail" Label No. EJ023580904US

Date of Deposit May 18, 1999

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

By: [Signature]

BOX PATENT APPLICATION

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

Transmitted herewith for filing under 37 CFR §1.53(b) is the
☐ patent application, ☐ continuation patent application,
☒ divisional patent application, or ☐ continuation-in-part patent application of

Inventor(s)/Applicant Identifier: **PHILIP E. EGGERS and HIRA V. THAPLIYAL**

For: **SYSTEM FOR TREATING ARTICULAR CARTILAGE DEFECTS**

- ☒ This application claims priority from each of the following Application Nos./filing dates:
09/177,861 / October 23, 1998; 08/795,686 / February 5, 1997; 08/561,958 / November 22, 1995; 08/485,219 / June 7, 1995; 08/059,681 / May 10, 1993; the disclosure(s) of which is (are) incorporated by reference.
- ☒ Please amend this application by adding the following before the first sentence: --This application is a ☐ continuation ☒ division of and claims the benefit of U.S. Application No. 09/177,861, filed October 23, 1998, which is a division of 08/795,686 filed February 5, 1997 which is a division 08/561,958 filed November 22, 1995 the disclosure of which is incorporated by reference.--

Enclosed are:

- ☒ 18 sheet(s) of ☐ formal ☒ informal drawing(s); specification including description, claims and abstract; ☒ title page.
- ☒ A copy of the assignment of the invention to ArthroCare Corporation.
- ☒ A copy of the ☒ signed ☐ unsigned Declaration.
- ☒ A copy of the Power of Attorney by Assignee.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☐ is enclosed ☐ was filed in the prior application.
- ☐ A certified copy of a _____ application.
- ☒ Information Disclosure Statement under 37 CFR 1.97.
- ☒ Preliminary Amendment
- ☒ Notification of change of ☐ power of attorney ☒ correspondence address filed in prior application.
- ☒ Please cancel claim(s) 1-79

| | (Col. 1) | (Col. 2) |
|--|-----------|-----------|
| FOR: | NO. FILED | NO. EXTRA |
| BASIC FEE | | |
| TOTAL CLAIMS | 30 -20= | * 10 |
| INDEP CLAIMS | 2 -3= | * |
| [] MULTIPLE DEPENDENT CLAIM PRESENTED | | |

| SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--------------|-------|----|------------------------------|-------|
| RATE | FEE | | RATE | FEE |
| | \$380 | OR | | \$760 |
| X9= | \$ | OR | X18= | \$180 |
| X39= | \$ | OR | X78= | \$ |
| +130= | \$ | OR | +260= | \$ |
| TOTAL | \$ | OR | TOTAL | \$940 |

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

\$ 940.00

☐ A check for \$ _____ is enclosed.
1 extra copies of this sheet are enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

John T. Raffle, Reg. No.: 38,585

ph: (408) 736-0224